| CLAIMS ONLY | | Application Number | al Fill | ng Date | |
|---------------------------------------------------------------|-----------------------------------|-----------------------|--------------------|--------------|--------|
| 5-21 | 27 | oplicant(s) | 234 | | |
| CLAIMS AS FILED AFTER FIF AMENDME Indep Depend Indep De | AFTER SECOND AMENDMENT | May be used for addit | onal claims or ame | ndments | |
| 2 1 | pend Indep Depend | Indep 1 | Depend Indep | Depend Indep | |
| 4 5 6 | | 52 53 54 55 | | | Deperi |
| 8 9 10 | | 56 57 58 | | 7 | |
| 11 12 13 14 | | 59 60 61 | | | |
| 14 15 16 17 | | 62 63 64 55 | | | |
| 16 19 20 21 | | 86 | | | |
| 22 23 24 | 6 70 77 | | | | |
| 25 26 27 28 | 73 74 75 76 | | | | |
| 29 30 31 | 77 78 79 | | | | |
| 32 33 34 35 | 80 81 82 83 | | | | |
| 36 37 36 39 | 84 85 86 | | | | |
| 40 41 42 | 67 88 89 90 | | | | |
| 43 44 45 46 | 91 92 93 94 | | | | |
| 4 4 4 | 95 96 97 | | | | |
| Total Depend | 96 99 100 | | | | |
| Depend 30 Total Claims | Total Indep Total Depend | 1 | 1 | | |
| 1204 | Total Claims | | | | |
| ·. | | | , | | |